

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. 10688648 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4		3				
5	1	1				
6		1				
7		1				
8		3				
9	1					
10		1				
11		1				
12		3				
13	/					
14		1				
15		1				
16		3				
17	1					
18		1				
19		1				
20		3				
21	/					
22		1				
23		1				
24		3				
25	/					
26		1				
27		1				
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29	1					
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TOTAL IND.	9			
TOTAL DEP.	46	←	←	←
TOTAL CLAIMS	55	██████	██████	██████

CLAIMS	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.		←	←	←
TOTAL DEP.		██████	██████	██████
TOTAL CLAIMS		██████	██████	██████